

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41641

State File No. \_\_\_\_\_

Registrar's No. 320

DEC 29 1941

Registration District No. 213

Primary Registration District No. 3014

1. PLACE OF DEATH:

(a) County: Coley - Jefferson City  
(b) City or town: Amst. Grandview Community  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: R2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 48 yrs. (Specify whether years, months or days)  
In this community: \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cole  
(c) City or town: Grandview Community  
(If outside city or town limits, write "RURAL")  
(d) Street No.: Jefferson City Mo R2  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Mary Bambeem

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No.: \_\_\_\_\_

4. Sex: Female 5. Color or race: Wh 6. (a) Single, widowed, married, divorced: Widow  
6. (b) Name of husband or wife: Henry 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: August 28 1858  
(Month) (Day) (Year)

8. AGE: Years: 83 Months: 2 Days: 6 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Holland  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: At Home

12. Name: Marie Herbert Bernhard

13. Birthplace: Holland  
(City, town, or county) (State or foreign country)

14. Maiden name: Henricha Ulbrink

15. Birthplace: Holland  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Kate Kliegel

(b) Address: Jefferson City Mo. R2

17. (a) Burial (b) Date thereof: Nov. 6-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Peter's Cemetery

18. (a) Signature of funeral director: James Surine

(b) Address: 700 Jefferson

19. (a) Nov. 5-1941 (b) Normal Fisher  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct Day: 4 Year: 1941 Hour: 3 minute: 45 A.M.

21. I hereby certify that I attended the deceased from Nov 15 1941 to Nov 4 1941; that I last saw her alive on Nov 3 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Sahar pneumonia Duration: 5 days

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: 108  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): \_\_\_\_\_

(b) Date of occurrence: \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: \_\_\_\_\_

23. Signature: Normal Fisher (If other) \_\_\_\_\_

Address: Jefferson City Mo Date signed: 11-5-41

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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*L. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address *Jeff City, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**